



OF-288 Sample for DOI Agencies

Employee Common Identifier:

Ensure ECI is entered correctly in **Block 2**.

Hired At:

Ensure **Block 6** is entered with Unit Identifier.

Casual Information:

Ensure full legal name is legible

Address may be left blank. Official address is taken from the W-4

Fire name and fire code:

Ensure fire name and fire code in full cost string match (per Fire Code System).

Time Posting Columns:

◆ Post hours in military time.

◆ Post time in 15 minute increments

◆ If shift passes through midnight from one day to the next, be sure to show ending time at 2400 and starting time on next day at 0001.
Example Column A Line 2 & 3.

Fire Number:

Enter Fire Code or Project Number.

*Cost accounting data may be shown in the **Remarks** section, or in the **Accounting Classification** section.

Firefighter Classification & Rate:

List AD Position Code and Class in **Block 6** per the AD Pay Plan.

Rate may be left blank.

◆ Column A: example for THSP Position (See block 23).

◆ For Exception Positions, a copy of the Description of Duties is required for payment.

Commissary:

Corresponds to the date of transaction.

EMERGENCY FIREFIGHTER TIME REPORT										1. Identification Number F 5772040																															
2. Social Security Number 123456		3. Initial Employment (X one) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		4. Type of Employment (X one) <input checked="" type="checkbox"/> Casual <input type="checkbox"/> Regular Gov't Employee <input type="checkbox"/> Other		5. Transferred From		6. Hired At SD-RBA		7. Employee Has (X one) <input type="checkbox"/> Been Discharged <input type="checkbox"/> Out																															
8. Entitled To Return Travel Time (X one) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9. Entitled To Return Transportation (X one) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																							
ZIP CODE MUST BE ENTERED BELOW																																									
10. Name (First, Middle, Last)						15. Name																																			
11. Street Address						16. Street Address																																			
12. City		13. State		14. Zip Code		17. City		18. State		19. Telephone No. (Include Area Code)																															
Example column for BIA			Example column for BLM			Example column for FWS			Example column for NPS																																
Column A			Column B			Column C			Column D																																
1. Fire Name Lights Out			1. Fire Name Wesley			1. Fire Name Wesley			1. Fire Name Butte																																
2. Fire No. G70E			2. Fire No. G70E			2. Fire No. G70E			2. Fire No. Crescent																																
3. Unit Code ND			3. Unit Code Boise			3. Unit Code ID			3. Unit Code OR																																
4. Fire Location THSP AD-C			4. Fire Location WHHR AD-E			4. Fire Location FFT2 AD-C			4. Fire Location CAMP AD-A																																
5. Firefighter Classification THSP AD-C			5. Firefighter Classification WHHR AD-E			5. Firefighter Classification FFT2 AD-C			5. Firefighter Classification CAMP AD-A																																
6. Rate 2014			6. Rate 2014			6. Rate 2014			6. Rate 2014																																
7. Date and Time Mo. Day Start Stop Hours 04 04 1000 1200 2			7. Date and Time Mo. Day Start Stop Hours 04 05 1200 2400 12			7. Date and Time Mo. Day Start Stop Hours 04 06 0001 0700 6			7. Date and Time Mo. Day Start Stop Hours 04 06 1215 1415 2																																
8. Total Hours 22			8. Total Hours 22			8. Total Hours 22			8. Total Hours 22																																
9. Gross Amount (Item 7 x item 8) \$387.20			9. Gross Amount (Item 7 x item 8) \$387.20			9. Gross Amount (Item 7 x item 8) \$387.20			9. Gross Amount (Item 7 x item 8) \$387.20																																
10. Inclusive Dates			10. Inclusive Dates			10. Inclusive Dates			10. Inclusive Dates																																
11. Time Officer's Signature			11. Time Officer's Signature			11. Time Officer's Signature			11. Time Officer's Signature																																
12. Date Signed			12. Date Signed			12. Date Signed			12. Date Signed																																
21. SHOW "H" FOR HAZARD PAY AND "E" PLUS % FOR ENVIRONMENTAL DIFFERENTIAL IN THE "HOURS" COLUMN FOR REGULAR EMPLOYEES.																																									
<table border="1"> <thead> <tr> <th>A. Comm. 00/2000</th> <th>B. Rate</th> <th>C. Miles/Hr</th> <th>D. Accounting Classification</th> <th>E. Object Class</th> <th>F. Amount</th> </tr> </thead> <tbody> <tr> <td>COL A: AAAA044430 AF2001010 8T4100 AF.SPG9N10000</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>COL B: LLIDB00400 LF2000000 HU0000 LFSPG70E0000</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>COL C: FF02R2B000 FFF2000000G70E0</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>COL D: PPPWPWR0F0 PF200SP85 WW0000 PF.FSG59P001.00.1</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>												A. Comm. 00/2000	B. Rate	C. Miles/Hr	D. Accounting Classification	E. Object Class	F. Amount	COL A: AAAA044430 AF2001010 8T4100 AF.SPG9N10000						COL B: LLIDB00400 LF2000000 HU0000 LFSPG70E0000						COL C: FF02R2B000 FFF2000000G70E0						COL D: PPPWPWR0F0 PF200SP85 WW0000 PF.FSG59P001.00.1					
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22. Commissary Record																																									
<table border="1"> <thead> <tr> <th>A. Date</th> <th>B. Item</th> <th>C. Amount</th> </tr> </thead> <tbody> <tr> <td>4/4/12</td> <td>SOCKS</td> <td>\$20.00</td> </tr> <tr> <td colspan="2">Total</td> <td>\$20</td> </tr> </tbody> </table>												A. Date	B. Item	C. Amount	4/4/12	SOCKS	\$20.00	Total		\$20																					
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4/4/12	SOCKS	\$20.00																																							
Total		\$20																																							
23. Remarks COL A: Camp Crew Squad Boss																																									
24. ADO Check Number and Stamp																																									
25. Employee (Signature) Either signed or unavailable for signature																																									
26. Time Officer (Signature) Tammy Timekeeper																																									
27. Date Signed																																									

Signatures:

Ensure the **original** Time Officer signature (or signature stamp) is complete in **Block 26**. Employee signature (casual) either signed or unavailable for signature in **Block 25**.

* Note: The agency specific column has been separated for each agency, BIA, BLM, FWS and NPS to better outline agency specific example codes.